

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/720718</div>	FILING DATE <div style="font-size: 1.2em; font-weight: bold;">28 DEC 2000</div>				
						APPLICANT(S) <div style="font-size: 1.2em; font-weight: bold;">Jacki</div>					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		19									
TOTAL DEP.		31									
TOTAL CLAIMS		50									